

Lake County, Florida Department of Growth Management Zoning/Building Division

APPLICATION FOR ZONING / BUILDING PERMIT

Date:	Alternate Key:		Address Scree	en No	
Owner's Name:			Phone		
Owner's Mailing Ad	dress:	City:	St:	Zip:	
Job Site Address: _		City:	St:	Zip:	
Proposed Work:					
Project Name:					
	(Attach plot plan, and identify squ	are footage and imperviou	s surfaces on plot plan.)		
Legal Description:	(also attach property record card)	Section	Township	Range	
Subdivision:		Phase	Lot	Block	
Existing Site Develo	opment:				
	(Include all building	s on the property: indicate	if building is to be replace	ced.)	
Residential Develop	pment Only Est. Value Structure \$	+ Land \$	= Combined Val	ue \$	
work or installation ha regulating construction WORK, PLUMBING, S	made to obtain a permit to do the wo s commenced prior to the issuance of n and development in this jurisdiction SIGNS, WELLS, POOLS, FURNACES der Name and Address (if other th	a permit and that all work n. I understand that a se , BOILERS, HEATERS, TA	will be performed to med parate permit must be NKS AND AIR CONDIT	et the standards of all laws secured for ELECTRICAL IONERS, etc.	
Contractor's Name:			Phone:		
Contractor's Addres	SS:	City:	St:	Zip:	
Contractor's Email	Address:				
Architect/Engineer's	s Name and Address:		F	Phone:	
Bonding Company a	and Address:				
Mortgage Lender's	Name and Address:				
	ewer Connection Requirements: Purselopment within 300 feet of central wa				
Water supplier (or w	vell)	Sewer provid	ler (or septic tank)		
	on the property that will be require				
	nds, water bodies, flood-prone are ront on a County maintained road,				
Have impact fees be	een prepaid or concurrency capac ner Tortoises on the site?	city reservation fees bee	n paid for the property	ı?	
Directions to Prope	rty:				
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OWNER'S AFFIDAVIT: I certify that all the foregoing information is accurate and that all work will be done in compliance with all applicable laws regulating construction and development, and the building is designed per code-mandated wind load design.

WARNING TO OWNER: Your failure to record a Notice of Commencement may result in your paying twice for improvements to your property. A Notice of Commencement must be recorded and posted on the job site before the first inspection. If you intend to obtain financing, consult with your lender or an attorney before commencing work or recording your Notice of Commencement. The issuance of a building permit does not assure the building setbacks have been met or that the structure does not encroach on an easement. The owner and/or contractor have the sole responsibility of determining compliance with setbacks and non-encroachment of easements. If the County determines the structure does not meet applicable setbacks or improperly encroaches on an easement, the owner is responsible for moving the structure, restoring the easement to its original condition, or otherwise making the structure comply with County setbacks and other land use requirements.

Contractors or Owner/Builder's Signature	Contractor	's State Certification # or Re	gistration #
The foregoing instrument was acknowledged before me	this day of _	, 20	, by
	who is pe	ersonally known to me or ha	s produced
as iden	tification and who did	or did nottake	an oath.
(SEAL)			
	Notary P	ublic	
List of Subcontractors:			
Electrician		#	
Plumber		<u></u>	
Mechanical Concrete		# #	
Mason		† 	
Roofer	License	<u> </u>	
Framer	License #	#	
Gas	License #	#	
Irrigation	License #	#	
Low Voltage	License #	#	
ZONI	NG USE ONLY		
Site Plan# Trees Required Commission	ner Road R&P _	Zoning Land U	se
St Johns Green Swamp ACSC (Y / N) Wekiva	a RP Area (<u>Y / N</u>) Censu	s Tract Road#	
Wetland Affidavit (<u>Y / N</u>) Flood Map Page 1 st Floo	r (<u>Y / N</u>) Flood Permit	Wetlands/Water Bod	ly
Min S.F Setbacks: Front 2nd Front	Side Rear	Lot Size Max ISR	
Comments			
This application and associated plot plan have been reviewed Development Regulations.	I for compliance with the La	ike County Comprehensive P	lan and Land
Zoning application approved by	Date	Expires within 30 days	of issuance
HEALTH DEPARTMENT USE ONLY Staff:	Pe	ermit No.:	
		Date:	
Comments:			